



STATE OF NEVADA
CONTROLLER'S OFFICE
ADVANTAGE USER
ESTABLISHMENT FORM

EXAMPLE

SECTION A

Last Name (Type or print legibly.) Worthington	First Name Dwight	MI G.	Date 2-03-01
Title Accountant II	Agency Number & Name 740 - Business & Industry	Supervisor Anna Northridge	

SECTION B

<input checked="" type="checkbox"/> Add <input type="checkbox"/> Change		
Select one User Profile from Appendix A.		
User Profile	Agency Number <i>Note: Agency number(s) must be entered.</i>	
	For single agency coding:	
MAGACCT2	For multiple agency coding: 740 , 741 , 742 , 743 , 744 , 745 .	
CERTIFICATION		
I hereby certify that when I electronically approve vouchers for payment that the voucher is mathematically correct, has not been previously presented or paid, that authorized funds should be available for payment and to the best of my knowledge and belief is a legal and proper claim against the State of Nevada. I further certify that if this voucher is a payment in compliance with a contract, it is in full conformance with the contract and that the Attorney General or his deputy has approved the contract.		
This User ID and password are equivalent to your signature. Do not share your User ID and password with anyone.		
I promise to preserve the secrecy of my password and the security of the Integrated Financial System. I will never allow any person to use my sign-on and password to process documents.		
Signature Dwight G. Worthington	Date 02-03-01	Phone Number 775/684-8888
Mother's maiden name or other word or phrase that will identify you for changes in your password. Tiddings		
If you forget your password, contact the system administrator in the Controller's Office.		

SECTION C

Signature Authorization:		
The agency is responsible for every transaction approved by this User ID.		
I delegate to the above individual the authority to approve the indicated transactions if entered by another. Use of the User Id assigned is approved by agency.		
Signature and Name of Agency Head Mary Beth Lane	Date 2-05-01	Phone Number 775/684-9999

SECTION D

CONTROLLER'S USE			
USER ID	Date	Security (SYS ADM)	
Comments		UNIX Sign-on (DP OPTR)	

Please submit the completed form to the system administrator in the Controller's Office.

Rev. 2-05-01